Outreach 3-Way

One to One Plus South

Inspection report

Outreach 3 Way, First Floor Suite 5B Brooklands House
58 Marlborough Road Lancing Business Park
Lancing
West Sussex
BN15 8AF

Tel: 03003039032
Website: www.outreach3way.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected One to One Plus South on 25 February 2016. The service provided supported living to people living in Brighton and Hove, Worthing and Littlehampton. The service supported 23 people at the time of our inspection. The service provided a variety of care packages people with a learning disability. Some of these people received care 24 hours a day. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation people live in.

This inspection was announced which meant people, the registered manager and staff knew we were coming shortly before we visited the service. The provider was given notice because there are different locations providing a supported living service for adults who are often out during the day. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The management structure for One to One Plus South consists of a registered manager who is the operations director for Kent, Surrey and the South East. There are then three locality mangers that cover Brighton and Hove, Worthing and Littlehampton.

At one of the locations where support was provided there had been significant concerns reported in relation to medicines management, staffing levels and staffing support. As a result of this a new management team was recently in post and an action plan was being worked to with the local authority to ensure improvements were being made. We saw this to be the case on the day of our inspection but also that these changes needed to be embedded and sustained. We therefore identified this as an area that needs improvement.

There were clear lines of accountability. The different localities had good leadership and direction from the registered manager and operational oversight from the locality managers. Staff felt supported by their managers to undertake their roles. Staff were given regular training updates, supervision and development opportunities. Peoples relatives, staff and professionals who knew the service spoke positively about the registered manager and locality managers and said they were always available when needed. A staff member said of their manager "I do feel really supported by my manager, they always respond if there is a problem"

People told us they felt safe and were happy with the support they received from One to One Plus South. One person told us, ""I feel safe; the staff look after me well". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the manager.

We saw people were supported by staff that knew them well, gave them individual attention and looked at providing additional assistance as and when required.

Staff, the registered manager and locality managers were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively.

The staff team were responsive to people's social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support. People were encouraged to be as independent as possible. One relative said of their family member that staff were "Challenging him to reach goals and develop".

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments.

People told us that staff were kind and caring. One person told us about staff, "I love them all, they keep me safe and look after me". We observed staff treating people with dignity and respect and involving them in their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe. There were appropriate numbers of well-trained and appropriately recruited staff available over twenty four hours to support them.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks to individuals and gave staff clear guidelines on how to protect people.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately. Medicines were managed, stored and administered safely

Is the service effective?

Good

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people living with medical conditions such as diabetes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people who

used the service. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

Staff promoted people's privacy and dignity. Staff supported people to maintain relationships with their family and friends

Is the service responsive?

Good

The service was responsive.

People received support as staff knew people well. Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and their managers on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

In one of the localities there had been concerns that were being addressed via an action plan devised in partnership with the local authority. These actions needed to embedded and sustained.

People and their relatives were asked for their views. They and staff could approach the management team with their queries and they were listened to so that improvements could be made.

The management team were visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

Audits were carried out across a wide range of areas and this showed that the provider monitored quality and performance regularly.

One to One Plus South

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 25th February 2016. The provider was given notice because there are different locations providing a supported living service for adults who are often out during the day. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us. The inspection was carried out by two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the central office and three separate locations where care and support was provided. We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, six staff files, medication administration record (MAR) sheets, locality action plans, staff training plans, complaints and other records relating to the management of the service.

We contacted local health and social care professionals including a representative from the local authority to ask for their views. On the day of our inspection, we spoke with eight people using the service and three relatives. We spoke with the registered manager, three locality managers, and a representative from the organisation's compliance team and eight care staff. Some of these people we contacted by telephone following the day of the inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the care and support provided by the service. People told us that they felt safe because of the good relationships they had with staff. One person told us "I absolutely feel safe, no problems in here". Another person said "I feel safe; the staff look after me well". A third person said "I feel safe; I trust the staff in here". A relative told us of their family member's care and support, "He's been safe since day one".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One member of staff said "You get to know your resident well, you would quickly notice any changes in behaviour or they becoming withdrawn and this could mean all is not well and I would report it to the office". Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. The safeguarding policy had been reviewed and updated to reflect recent legislative changes associated with the Care Act 2014. Staff told us they had received training in safeguarding and that there was a written procedure to follow. Safeguarding was discussed on a regular basis with staff and recorded. This ensured all staff were aware of the type of incidents that can arise and that they responded to these in a consistent way. At one of the locations there was an ongoing action plan in place following safeguarding concerns that had been raised and we saw that the provider had been working in partnership with the local authority to address these concerns. Feedback from a representative at the local authority confirmed that this was the case.

People told us they received their medicines and that they had no issues with these. Relatives also told us that they had no concerns regarding their family members' receiving their medicines safely. Staff told us how they managed medicines safely. One staff member said "All medicines are locked away, everyone is trained". We looked at the management of medicines at three locations, one where there had been identified concerns regarding this. Robust systems had been implemented to ensure the safe management of medicines. People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training to ensure they were competent to carry out this task and completed an annual competency assessment to ensure their practice remained up to date. Medicines were kept in a locked cupboard in people's bedrooms. Individual risk management and agreement plans were in place. Medicines were individually listed on Medication Administration Charts (MAR). Staff who supported people signed to confirm administration of medicines. Where there was potential risk, keys to individual's cupboards were kept safely by staff. Where people received as needed medicines (PRN), PRN protocols were in place that described the medicines, when they might be needed and the signs to look for to indicate when a person may need this medicine. Completed MAR charts were returned to the respective offices for audit. The management teams checked medicine records to ensure staff were administering them correctly. For a location where there had been concerns in this area there was senior management oversight to ensure good practice in this area was embedded.

Risk assessments were included as part of the support plan. They were sectioned: What specifically is the hazard, who might be harmed? Further action, action by whom? And the date completed. They were reviewed annually and records we looked at were all up to date. Risk assessments included areas such as personal care, accessing the community, making hot drinks, finance, risk of dehydration and skin breakdown. These were regularly reviewed and updated if there were any changes. One risk assessment we looked at detailed how a person who was a wheelchair user was safely supported in the kitchen. To ensure the person was preparing food safely the table in use had table legs that were able to move up and down to the right level for the service user. A kettle had been adapted so it was possible to tilt to pour to avoid scalds and a blind service user had talking scales to help him measure quantities safely. Where someone had been identified as being at risk of isolation due to needing staff that could use British Sign Language this has had been identified and staff recruited to meet this need. Where someone was at risk of becoming distressed and anxious the triggers for this and physical signs of thus occurring were documented and the subsequent action needed recorded.

We saw that accidents and incidents were recorded in detail on the provider's portal. These were completed by members of staff, signed off by a manger and then sent to the quality assurance team for oversight. Clear actions were recorded on the incident forms and individual locality managers had oversight of them to identify any trends. We saw where people's behaviours were of concern referrals to the provider's behaviour support team and the local community learning disability teams.

The recruitment procedures in place were robust and the provider followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included up to date criminal records checks, 2 references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. Any gaps in employment history were satisfactorily explained.

There were enough staff to meet the needs of people living at different locations. Due to the varying needs of people staff need was calculated on the needs of people. The provider worked hard to ensure that there were consistent staff teams in place for individuals. People and relatives told us that they received care and support from staff that knew them well. Staff told us that there were enough of them to provide safe care. Recruitment of staff was focused around matching the person to the right staff. Staffing hours were determined by funding from the local authority and if people were assessed as requiring more hours locality mangers would be in contact with the local authority. The locality managers rarely used agency staff as the provider had a group of relief staff employed by the provider who provided support where there were shortfalls.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they thought staff were well trained and had the skills needed to provided care and support to their family members. At a location where training had previously been an issue one relative who was also an employee told us "Training is important and much better now, it's completely turned around". They told us that more training was being provided that specifically addressed people's individual needs.

We looked at the training plan and we saw that most training was up to date. Staff completed initial training at induction online. Face to face classroom sessions were used for CPR, moving and handling of people, epilepsy /buccal training. All staff completed a full day induction to the company. Staff confirmed that they shadowed until they felt they were ready to work alone. One member of staff said "I was not pressurised to start working until I felt confident to do so. I did about four or five training courses before I started working". Another said "There is a shadowing checklist which helps you be sure before you start working on your own". The online training works from the company's I.T portal and it is organised by the service's central office. A computerised system flags up what training is due and staff have a three month window to complete this. This also includes refresher training. Subject areas include basic life support, emergency first aid, fire safety, food safety, safe handling of medication, mental capacity Act, moving and handling, nutrition and hydration, safeguarding adults, risk assessment, equality and diversity and infection control. Other specific training available included Dementia, allergen awareness, duty of candour and epilepsy training. Staff were happy with the training arrangements, one member of staff said "Its great being in control of what you have to do, the office lets us know when our training is due so we can always be up to date". Another said "It's a really flexible approach and the company pays you if you're training off rota. The different assessments and quizzes let you know how much you have picked up". PROACT-SCIPr-UK® training was provided for staff. This training is training that worked specifically with people's individual needs around behaviours of concern that needed an individualised response. This showed us that provider addressed the specific needs of people with learning disabilities via training tailored to meet their needs. Staff also had the opportunity to carry out apprenticeships in health and social care to further develop their skills and knowledge.

The majority of staff told us they received regular supervision. At one location supervisions had not been as regular as at other locations. However a clear plan was in place to address this and regular supervision sessions had been arranged. Staff at this location told us that they felt supported and could access management advice whenever needed. Records we looked at showed that the majority of staff received regular supervision approximately every 6 weeks and appraisal annually. Staff signed records to acknowledge discussions and any planned action or training need. Staff we spoke with confirmed what we had found in records. One said "We have regular supervision and we also have appraisal week". Appraisals happened yearly in what the registered manager called "Appraisal season" which happened in April, May and June.

The provider had a staff development programme in place called "Aspire", which was a programme to help staff progress in their career. It's regarded as a mechanism to support staff to develop and achieve stated

goals for progression. It is a motivating tool for staff and helps to retain staff. One staff member said , "The aspire programme is really good, I have to travel quite a distance to get to my job but the opportunities on the aspire course keeps me here because there is a chance to really progress"

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Assessments of mental capacity were in place in people's care records. Staff we spoke with had a good understanding of the MCA and knew the 5 principles and understood the context of the legislation and had knowledge of how this was applied to ensure decisions made for people without capacity were only made where this was in their best interests. A member of staff said , "Having mental capacity means being able to make your own decision about something and you always have to start off thinking that everyone came make their own decisions .We are allowed to give the person support to help them make decisions". Another staff member said "No one should be stopped from making decisions just because someone else thinks it's wrong or bad". Our observations showed us that staff wherever possible asked people's consent when assisting them with any task.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes, hospitals and in supported living settings are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals to the local authority for people living at the home that may need a Deprivation of liberty safeguard to be in place and people were awaiting assessments from the local authority. The service operated a mental capacity toolkit which included DoLS. We spoke to a person who had a DOLS in place. They were restricted from accessing the community independently and were aware that this decision was in her best interest. They said "I'm not allowed as I don't have road awareness". They added "If I was to go out on my own and had to cross the road I may not look left and right and I might get hit by a car". Despite this person being deprived of their liberty they had still been involved in this decision which meant that the provider was protecting that person's human rights as much as possible.

People's nutritional needs were assessed and people chose what they wanted to eat with guidance from staff where needed. People's likes and dislikes were recorded in their care records and any associated health needs such as having diabetes were clearly documented. People were supported to do their own shopping and plan and prepare their own meals where possible. For someone where it had been identified that they needed to lose weight for health reasons they told us proudly about how they had attended a slimming club and started doing more exercise and had lost a significant amount of weight. The person told us about staff "They look after me and they have helped me with losing weight". The staff member supporting this person told us that this person's medicine for diabetes had been reduced as a result of the person losing weight and maintaining a healthy lifestyle.

People received support to obtain services they needed in relation to their health and care from a range of healthcare professionals including speech and language therapists, psychologists and occupational therapists. People's healthcare needs were monitored and discussed with the person wherever possible as part of the supported living planning process. This was documented in people's records. Support records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. People had annual health checks that staff supported people to attend. A staff member told us an important part of their job was to "Ensure people have their annual health checks, dental appointments, eye tests and hearing tests."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said of staff "I love them all, they keep me safe and look after me". Another person said "I've been here 19 years, the staff are great and can't do enough, and I've got a good relationship with all of them". Relatives we spoke with also told us that staff were kind and caring. One relative said of their family member "I look at [the person] and he's healthy, laughing and happy, this makes me feel everyone's doing a god job, if he wasn't happy I'd be the first banging down a door". Another relative said about staff and their relationship with their family member, "Staff are amazingly caring, in very challenging circumstances. They are dedicated and they have fun with him".

Staff told us about the people they supported with knowledge and interest. They knew the details of people's like and dislikes and how they liked their care and support to be provided. People's rooms and flats were personalised with their own effects and had their chosen interests in their rooms, play stations, satellite television, posters of footballers and rock stars and photographs of family and friends. Staff supported people to pursue their interests.

Throughout the inspection at the different locations we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. It was clear staff knew people well and were very involved in their care and support. We observed staff reassure people whilst they spoke with us during the inspection. One person was talking about his future plans; the staff member was supportive at looking at future housing choices and getting employment. Another supported a person who was having issues with his housemate, we observed staff sitting with the service user and letting him explain how he felt, they agreed a plan of action to address the issue with the manager. Another staff member was talking with a person about his band practice and how this was conflicting with his appointment with his social Worker. The staff member said it would be ok to rearrange and this was a reassurance to the service user who said "Thank you for sorting this out, I would have worried all night about this".

Staff spoke about their roles with commitment and enthusiasm .Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One staff member said "I like it here, and love helping [the person]; it's a really solid relationship which helps us care better". Another staff member said "He [the person] is a bit like a brother and you care for them as you would your own".

People told us that privacy and dignity were respected. Relatives also told us that staff treated their family members with dignity and respect. One relative said "I have never felt there was a lack of respect, staff always respect [the person]. They really get [the person]" Another relative said "My family member's dignity and independence are definitely respected one hundred percent"

Staff told us about the ways they respected people's privacy and dignity and gave examples of how they did this in relation to personal care. One staff member told us that they "Prompt [the person] to put her dressing gown on and put the blinds down when they're getting changed". Another staff member told us about a person who was keen to maintain their independence but staff needed to provide supervision due the

person's experience of seizures. They described how they allowed the person as much freedom as possible but provided enough supervision in case of a seizure.

People told us they were offered choices about what they did and how their care was provided. This was done a daily basis and was part of the way support was provided and was about the relationships that had been built between staff members and people. A staff member told us of how they used a Picture Exchange Communication System (PECS) board which is a tool that provides people with a way to visually associate ideas about their everyday life, and to communicate with staff and family. The use of this board assisted the person to communicate their choices. People were also involved in their care planning. One person said, "We have a sit down with my keyworker and see what is working well in the care plan. My sister is also invited". Throughout the day of our inspection we observed staff treating people with dignity and respect and involving them in choices about their care and decisions that they needed to make.

Good

Is the service responsive?

Our findings

People told us that their care was personal to them and reflected their wants and wishes. Where people were unable to verbally communicate their needs other methods were used such as a PECS board or for someone with a hearing impairment staff were employed who could use British Sign Language (BSL). People were supported to recruit their own staff. One of the locality managers told us about a person who had had difficulties sustaining previous living arrangements but had been receiving support from One to One plus for seven years. They attributed the success of this arrangement to the personalised approach of the service. They told us "Everyone is different"; they told us that the person was in control of their care and support. They said "[The person] chooses her own staff and loves her flat, staff work with her". We spoke with this person who told us how happy they were with their care and support they received and told us about their individual likes and dislikes, their holidays and hobbies. They said of staff "They look after me, I love them all".

The person using BSL told us that they had needed more staff that could use sign language in order to be able to communicate and be understood. The provider had recruited a new member of staff in order to be able to meet this need. On the day of our inspection the new staff member was completing a shadow shift. The person was happy about the recruitment of a new member of staff. This person also told us that their favourite food was pasta and went on to tell us that they had been out the previous day to a local Italian restaurant and had a meal of pasta. They told us "Staff are nice, they help me with doing my ironing, preparing and cooking my dinner".

Relatives we spoke with also told us that the service provided by the agency was tailored to meet their family member's needs. They told us "We all work together as a team and staff support him to achieve his goals". They told us that their family member had "Developed a whole new level of confidence" and gave an example of how their family member had learnt to pick us their laundry and put it into the washing machine. They also gave examples of how staff supported the person with their particular interests and made sure that these were factored into their weekly activities.

Staff told us about how their whole approach was individualised to the person and that they knew people's individual likes, dislikes and preferences. One staff member said about the care and support provided "It's about making it personal to them, everyone's different, and we look at people as individuals". Another staff member said about the care and support "Make sure it's for them as an individual and think about it from their point of view, ask what they want to do? A third staff member told us how while respecting the person's right to stay in their room but also knew that when they encouraged the person to go out for a cup of tea and carry out an activity they really enjoyed it. This demonstrated that the staff member knew the person really well and could support them to access the community whilst respecting their desire to be alone as well.

People told us about the activities they participated in and the hobbies they pursued. People were involved in regular activities and groups. One person who had a love of tractors was working on a farm 4 days a week and talked about how they hoped to save up to buy their own tractor one day. Another was supported to be

part of a band, and regular band practice was organised by staff as well as a concert gig in the local concert hall. People accessed day centres and were involved in drama groups .One person we spoke with said "I love my drama, I was the ugly sister in the Christmas production of Cinderella and I loved it, we are working on the wizard of Oz at the moment, its really great". One person told us about how they were involved with a local advocacy group which they valued being a part of.
Staff told us about the may activities people participated in including ice skating, volunteering at a charity shop, volunteering doing beach cleaning, volunteering at a toddlers group, swimming and attending a local disco for people with learning disabilities. People's lives were filled with meaningful activities. When we spoke with someone on the phone they told us that they had been out to the gym and were then off to have a manicure.

Care and support plans were also known as Individual support plans. There was also a separate healthcare support plan and finance plans. There was detailed information available about people's assessed needs. The care record was made up of sections, About me, my outcomes, Thinking about my support, my support plans , good day, bad day what's working what's not, personal evacuation plan, professional assessments, referrals to other agencies and end of life . We observed that these plans matched the care and support that was provided and that people were involved in the review of these. Care plans were formally reviewed yearly but reviewed as and when changes occurred. A locality manager told us that the care plan was "A live document and is constantly reviewed."

Care plans detailed for example how people liked to communicate and on one record we saw described the facial expressions needed to allow the person to understand. In one record we saw that staff need to furrow their brow when asking a question. Where people may have behaviours of concern a clear plan was in place that recorded what the triggers may be for these and then how to reduce the impact of these for the person and those people around them. There were also plans in place for example what to do if someone had a seizure. The signs that this may be about to occur were recorded and action to take documented. Detailed daily records were kept describing the person's day and any issues that may have arisen.

There were systems and forums in place that the provider had that people could take part in to express their views and contribute to the development of the organisation. There was a quarterly forum for people called Everybody counts and we spoke with people who attended this. Its' purpose was to discuss issues that were important to people and to keep them updated about the organisation. We saw in the minutes from the October meeting that there had been a presentation from a police officer about keeping safe. There was also information discussed about the origins of Halloween and information from the police to display if people wanted to or didn't want to participate in trick or treaters. The meeting also updated people regarding the latest provider council meeting and requested people to discuss issues at their next resident meetings. There had been a meeting in February 2016 and people were awaiting the minutes. This meeting had looked at issue such as hate crime and internet safety. This was an opportunity for people to come together to share ideas and learn new things. One person we spoke with was planning on doing a session at this meeting on raising awareness around the needs of deaf people. People could also join the provider's council and work with the executive team to help shape the future of the organisation.

The complaints policy was available and given to people. It was also available with pictorial prompts and an easy read format. People we spoke with felt confident about what to do if they had a concerns and who they would go to. One person told us "if I'm not happy I tell my keyworker I want to see [the locality manager]. Another person said "If I have problems I talk to staff". Relatives also said that staff and managers were responsive and that communication was good and that they were kept up to date. One relative told us "We all share with each other and we communicate well, if things aren't working it's identified early on." Another relative told us "I can go to my manager or the manager above; I can talk to anyone and get help if I needed

it". We saw that complaints had been responded to and that managers had followed the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

The management structure for One to One Plus South consists of a registered manager who is also the operations director for Kent, Surrey and the South East. There are then three locality mangers that cover Brighton and Hove, Worthing and Littlehampton. The registered manager had started in post in November 2015 and there had been a recent change in locality manager for the Brighton and Hove service. This was following a period where concerns had been raised including issues in relation to staffing, staffing support and medicines management. The contracts and commissioning team and social work team at the local authority had been involved around working in partnership with the management team to devise improvement plans. On the day of our inspection we saw that these plans were in place and being implemented. We saw the improvement plan that was in place and could see what had been improved and that there were some areas for on-going work and action. The registered manager and locality manager were transparent about this and able to describe what had been achieved and what needed to be built on. Areas that still needed to be embedded and sustained were around practice in medicines, staff supervisions and updating care plans and risk assessments. The registered manager and locality manager agreed that these plans needed to be embedded and for the service to have a sustained period of stability. Although there had been significant improvements in the care and support provided these plans and consequent actions needed to be embedded and sustained. As such this has been identified as an area that needs ongoing improvement.

Relatives reported that they had noticed significant improvements since the new management team had been in place. One relative commented about the new support structure that had been put in place and commented that there was "A strengthening in the management team, it is much improved and things are working better now". Another relative said that things had "Completely turned around". A friend who was part of a person's circle of support told us that they had been very unhappy with the quality of service but was positive about the direction the service was taking. They said of the management team "I can't fault them they know where they're going and what has to be done, there is positive change." The staff we spoke with commented on the positive changes since the new management team had been in post. One staff member said "There is more support from above and I have confidence in the new manager, they have been very present in the last few months."

The other two locations in Worthing and Littlehampton had locality managers that had been in post for some time and what people's relatives and staff told us reflected the stability that this provided for people and staff. Across locations staff told us that the management teams were approachable and that they felt supported. One staff member said "I can go to [my manager] with any little problem or issue and its gets sorted " Another said "sometimes we get placed in difficult situations with service users and it's always good to know [the manager] is always on hand or on the phone to advise". Staff said they had staff meetings. We looked at the minutes of the meetings. Most of the meetings were attended by senior team members and information from these meetings was then cascaded to staff by locality managers. Staff we spoke with said it was difficult to make meetings due to working rotas but said they were always kept up to date by their managers. One staff members said "[the locality manager] is a great manager; she is always keeping us up to date with anything that has been discussed at senior team meetings". Another staff member said of another

locality manager "If there is a crisis [the locality manager] is really good with that". The locality managers commented that they felt supported by the registered manager. They said that he was responsive and proactive. One locality manager said "He always gets back to you". Locality managers were supported via a managers meeting once a month in the organisations Crawley office and locality managers said they found this a supportive and educational forum.

The management team all spoke about the culture of the organisation being about putting people at the centre of their care and providing services that were unique to individuals. One locality manager said "The service is personal, everybody is very individual". Staff also were clear that this philosophy was at the heart of the care and support provided. The provider had systems and processes that supported this including for example the service user forums, encouraging people to be on interview panels for staff recruitment and access a behavioural management team for support and advice. The provider had also developed a Family Charter which addressed people's family relationships and enabled people to have clear plans in place regarding the involvement of their families. As part of this charter there were specialist workers called family advisors that could be contacted to support families with communication about the care and support their relative received.

Programs were in place to support staff members with practical issues such as travel costs and an initiative to support staff to progress within the organisation was also offered. This provided mentoring support in the area the staff member was interested in pursuing. People and staff were involved in forums where they could give feedback and contribute to the running of the organisation. People were given questionnaires in easy read format. Relative's views were sought via a questionnaire that was sent to them. We saw that feedback was positive and that any issues raised had been addressed.

The organisation had a system of auditing in place. One of the organisation's auditors carried out quarterly audits to identify any shortfalls in the care that was provided. A service improvement plan was then drawn up to address these. For example where issues had been identified at the Brighton and Hove location there had been regular input from the auditor to check improvements made and outstanding issues that needed addressing. We met with the auditor on the day of our inspection and they showed us the audits that they carried out. We could see for example it had been identified that some risk assessments needed updating and that this was on the service improvement plan and was in the process of being done. Where training had been identified as needing updating a plan was in place to address this and training was being updated. The management team worked well with other professionals and professionals we spoke with were positive about the care and support provided across locations.